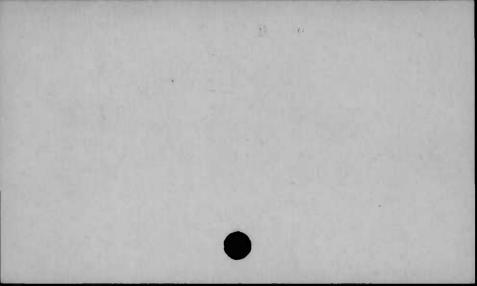
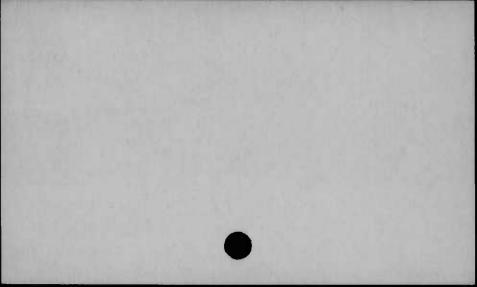
Name in Full Certificate of Death Widower Number of children living Name Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 750%



Name in Full Certificate of Death County Date 189 Male White Married Widow Divorced Widower Number of children living Wife Father's Mother's Name Name How long sick Cause of Primary Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, FERS



Certificate of Deatn Name in Full Charles Chance Died at Number of children living Husband Wife Father's Name How long sick Cause of Death Accident, Suicide, Homicide Cot Key 1 en tous llan Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 66068

Or for Bordley (Sect How Wes The Cap.

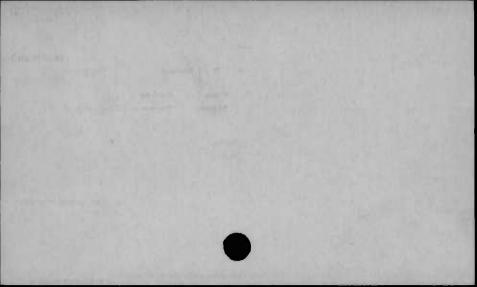
Name in Full not named Died at Fords Alina Queen auch aug 19 Date 189 8 7 Quemanusco Single Number of children living Husband of Pather's Jno. F. Curlett 13 Mother's Minnie Curlett

Cause of Primary Imperfect Closury of Formine How long sick 4 hrs

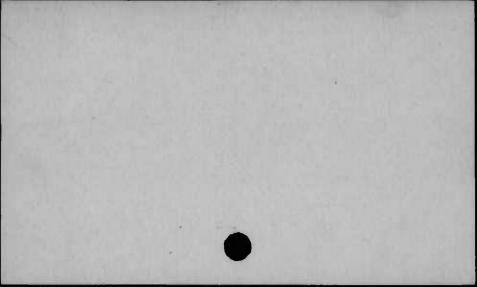
Death Immediate Heart Jailure

Reported by

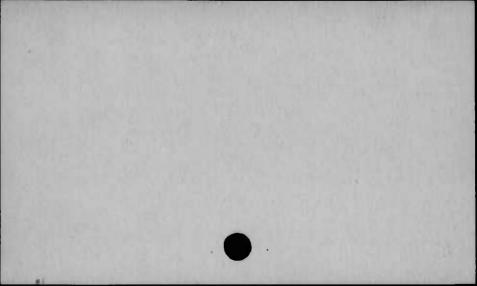
Dr. Chas. F. Wan Son Queenstorn Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



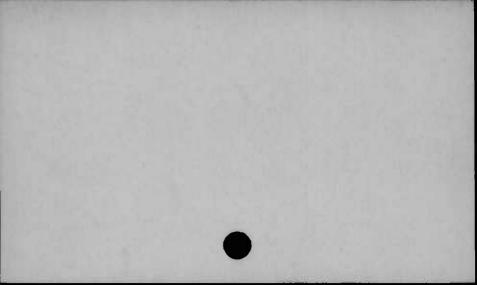
Name in Full Certificate of Death Date 189 Age 440 Married Single Widower Number of children living Husband Wife Father's Name Cause of Immediate Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU BERER



Name in Full Certificate of Death Colored Number of children living Husband Wife Father's Name Accident Sucide Hamente Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY PUREAU, FEREN



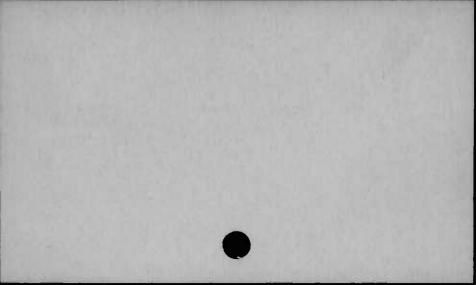
Name in Full Certificate of Death Native of Occupation Widow Female Number of children living Mother's Father's Name How long sick Cause of Primary Death Accident, Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SEREN



Name in Full Catherine Porter Died at Fords Clore Queen aune 1-1-15 Queenaune 6 aug 74 Emest Porter Mother's Haunah Porter Primary Overdore Paragorie girm How long sick & hrs Immediate Heart Failure mother Dr. Chas. F. Danism Queenston md Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, CARRE



Name in Full Certificate of Death George W. White Maques Queen aune Occupation 10 5 many Land Farmer Date 189 8 aug 17 Married Single Widower Number of children living Colored Husband many anna White Father's Henry White Mother's Jane Lichols Chromo Gastritis (1 Several Years Immediate General Prostrution Death Accident, Suicide, Hamicide F. N. Sheppard M.D. Reported by Countron maryland Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister, LIBRARY BUREAU, BERS



Name in Full Certificate of Death Number of children living Widower Husband Wife Father's Name Name How long sick Death Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968

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